

THE CASE MANAGER COMMUNIQUE



Managed Care Changes

Virginia Premier Health Plan exited six (6) localities effective October 1, 2009. These localities are: Caroline, Culpeper, Madison, Orange, Rappahannock and Warren. All localities have at least two remaining health plans in their area, except Culpeper. In Culpeper, only AMERIGROUP will provide coverage as of October 1st.

A letter was sent to the affected individuals at the end of August to inform them of this change in health plans.

For all of the localities, except Culpeper, the normal pre-assignment process will take place. As a result, Medicaid/FAMIS Plus individuals who were enrolled in Virginia Premier are in fee-for-service as of October 1st. This change does not change recipient's eligibility and they will receive services through Medicaid's fee-for-service program during October and November. Enrollment into a new health plan will be effective December 1st.

Even though Virginia Premier no longer has membership in these six localities after September 30th, they must continue coverage of any newborn (for the birth month plus two additional months) if the mother was enrolled with Virginia Premier, lived in one of these localities, and gave birth prior to October 1, 2009. Medicaid/FAMIS Plus recipients who have questions may contact the Managed Care Helpline at 1-800-643-2273, TTY/TDD 1-800-817-6608, Monday - Friday 8:30 a.m. - 6 p.m. (translation services are available).

FAMIS enrollees affected by this change were automatically enrolled into a new MCO effective October 1, 2009. FAMIS enrollees in all the affected localities except Culpeper have ninety (90) days from October 1 to change to a different MCO if they choose to do so. FAMIS enrollees were notified of the changes by letter in late August. FAMIS enrollees may contact the FAMIS CPU at 1-866-873-2647 with questions or to change their MCO.✚

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Healthy Returns

Since January 2006, the Department of Medical Assistance Services (DMAS) has offered the Virginia Medicaid *Healthy Returns*SM Disease Management Program. This program was designed to help Medicaid and FAMIS Fee-for-Service recipients with asthma, diabetes, chronic obstructive pulmonary disease, coronary artery disease, and/or congestive heart failure better understand and manage their health condition(s). Health Management Corporation (HMC) has administered the *Healthy Returns*SM program.

However, due to the downturn in the economy and the severe state budget shortfalls, difficult program and funding decisions had to be made to reduce spending in FY10. One of the difficult decisions was to discontinue the *Healthy Returns*SM program. The *Healthy Returns*SM contract, which was up for renewal in November 2009, will not be renewed. Therefore, the *Healthy Returns*SM disease management program will no longer be available, after October 31, 2009.

DMAS will communicate program changes to enrolled disease management members prior to October 31, 2009. DMAS is in the process of communicating program changes to providers. HMC will accept informational calls through November 30th. If you have questions, contact Meredith Lee at meredith.lee@dmass.virginia.gov ✚

PACE – Quarterly Update

The Division of Long-Term Care (LTC) is committed to partnering with agencies to develop PACE across the Commonwealth of Virginia to provide all-inclusive services to frail older citizens. This update provides an overview of the more newsworthy activities and accomplishments of PACE during the second quarter (April 1, 2009 – June 30, 2009).

➤ AllCare for Seniors PACE (Appalachian)

The Centers for Medicare and Medicaid Services (CMS) and DMAS will conduct their first Onsite Monitoring Audit Review at AllCare for Seniors (Appalachian), October 19 – 23, 2009. This PACE site is the only program in Virginia that utilizes community-based physicians to provide direct primary care to participants.

➤ Centra Health PACE

CMS and DMAS will conduct a Technical Advisory Visit, in January 2010, at Centra PACE in Lynchburg, in order to review their first six months of operations. The exact date has not been confirmed.

➤ Mountain Empire PACE

DMAS conducted a State Readiness Review (SRR) at the newly constructed Mountain Empire PACE site on September 23, 2009 to validate their readiness for PACE operations. All operational elements were reviewed and discussed with the Mountain Empire PACE team and found to be complete. The SRR was submitted to CMS on October 5, 2009 and DMAS anticipates that the new site will open November 1, 2009.

➤ Riverside Hampton PACE and Riverside Richmond PACE

Riverside PACE is expanding their PACE operating headquarters at their Hampton site. Construction has started to expand the current rehabilitation/wellness area, add a third day room, a quiet room, rest rooms and an additional office space.

CMS and DMAS conducted the first Onsite Monitoring Audit Review at Riverside PACE (Hampton and Richmond sites), August 3 – 7, 2009. The comprehensive audit focused on both administrative and clinical operating elements.

➤ Sentara Senior Community Care PACE

CMS and DMAS conducted the second trial Onsite Monitoring Audit Review at Sentara Senior Community Care (SSCC) PACE in Virginia Beach, Virginia, September 14 – 18, 2009. A comprehensive audit, incorporating both administrative and clinical elements, was carried out.

➤ Proposed Site – Northern Virginia

INOVA awarded the PACE consulting contract to Health Dimensions Group. A report outlining details from their feasibility study should be finalized and submitted to INOVA by October 31, 2009.

PACE enrollment is increasing, currently there are 419 participants receiving services in Virginia PACE programs. As you can see, PACE is on the move in Virginia!

For more information, contact Deborah Pegram at Deborah.peggram@dmass.virginia.gov or visit the DMAS website at <http://www.dmass.virginia.gov/ltc-PACE.htm> ☎



Intensive In-Home Services

Intensive In-Home Services (IIH) are behavioral health services for children and adolescents under age 21 who are at risk of being moved to an out-of-home placement because of mental health issues.

After an extensive review of current utilization and prior authorization requirements of IIH services, DMAS determined that some processes needed to be modified in an effort to address provider concerns and feedback, bring the service in line with processes for other community mental health rehab services that became effective August 1, 2009, and to ensure appropriate utilization of services.

In July, 2008, DMAS implemented the requirement that prior authorization (PA) be required through KePRO. Providers are allowed to perform 12 weeks of service for new admissions before PA is required. DMAS observed that a significant number of recipients did not request or receive a PA for continued services after the first 12 weeks. In an attempt to control the rapid growth of the program, while providing quality treatment to those in need of the service, DMAS sought input from Community Service Boards, private providers, Department of Behavioral Health and Developmental Services, KePRO, DMAS' Medical support physicians and MCO physicians. Changes to be implemented December 1, 2009 are as follows:

- Change from 12 weeks of service without PA for new admissions to one week (up to 12 units in the first week) without PA. All subsequent services require PA through KePRO.
- Changes to Service Limits on Assessments (H0031) from 2 per provider per fiscal year (July 1 - June 30), to 2 per provider per recipient per fiscal year.
- For dates of service starting December 1, 2009, the assessment code (H0031) must be billed before the service treatment (H2012) will pay in the MMIS claims system.
- Starting December 1, 2009 providers are required to document any other treatments that have been provided within a six month period.

Six trainings for the providers on the changes for these services will be held. Registration information, including dates, is available at http://www.dmas.virginia.gov/downloads/pdfs/lncmhrs_train.pdf

Health Management Systems (HMS) has been contracted to conduct certain Community Mental Health Rehabilitation Services post payment reviews, including IIH services. HMS began reviewing post payment claims in September 2009. They will review the period of claims for state fiscal year 2008, from July 1, 2007 through June 30, 2008. For questions regarding the auditing services of HMS, Inc., inquiries may be sent to hmsaudits@dmas.virginia.gov

More information can be found in the Medicaid Memo and the Community Mental Health Rehab Services manual at www.dmas.virginia.gov. For questions specifically regarding any of the Community Mental Health Rehab Services, you may send inquiries to CMHRS@dmas.virginia.gov. ☎

LTC Goes Green

On October 1, 2009, after many weeks of collaborative efforts, the DMAS Division of Long-Term Care, which receives 25,000 faxes monthly, converted to a completely paperless fax system that is compliant with medical records standards. Providers, stakeholders and other agencies have been notified of the October 1 "go live" date. The Division will run a parallel paper system for 2-4 weeks to assure that we are fully operational.

We are hopeful that this will improve efficiencies, result in cost savings and best serve our Medicaid long-term care population.

LTC FAX NUMBER CHANGED AS OF
OCTOBER 1, 2009

YOU WILL NEED TO USE
THE FOLLOWING NUMBERS
FOR FAXES:

| | |
|----------------|--------------|
| DELORIS HARRIS | 804 612-0040 |
| ALL OTHERS | 804 612-0050 |

IF YOU HAVE ANY DIFFICULTIES
PLEASE FEEL FREE TO CALL
804 225-4222 ☎



Autism Outreach Efforts

Autism spectrum disorders (ASDs) are lifelong pervasive developmental disorders that generally manifest themselves by age three and typically impair individuals' social interactions, communication, and behavior. The autism spectrum includes autistic disorder, pervasive developmental disorder-not otherwise specified, and Asperger's syndrome.

Virginia has experienced a dramatic increase in the number of children diagnosed with autism spectrum disorders during the last decade.

DMAS is working to increase efforts of service provision and outreach to families with children who have a diagnosis within the ASD category.

DMAS will include information related to ASD in the EPSDT newsletters that are sent to each child/family during the month of the child's birthday. Through the EPSDT program, DMAS has initiated autism behavioral treatment in the Central and Roanoke/Shenandoah Valley part of Virginia and is now working with a large provider in the Northern, Central and Tidewater areas to begin providing behavioral treatment statewide. DMAS will be publishing an EPSDT Behavioral Treatment Manual by the beginning of 2010. In addition, DMAS has presented information on how to access EPSDT services for children with autism and other diagnosis at a September meeting of the Northern Virginia Down's Syndrome Association. ☎

Case Managers' Meetings

Fall Case Managers' Meeting will be available through WebEx on November 12, 2009. DMAS will host two (2) identical sessions to be held from 10 am to 12 noon and again from 1:30 pm to 3:30 pm (each will accommodate up to a maximum of 50 people). Invitations will be sent and posted on the DMAS website at <http://www.dmas.virginia.gov/mc-home.htm> and will include instructions for registering and attending the session. Topics for the Fall meeting will include:

- Long Term Care and Waiver Services
- General Program Updates ☎

Early Intervention Changes

The DMAS Maternal and Child Health Specialized Services Unit, in conjunction with the Early Intervention program at The Department of Behavioral Health and Developmental Services (DBHDS), implemented a change in the way Early Intervention (EI) Services are reimbursed for Medicaid and FAMIS eligible children. EI Services are provided through Part C of the Individuals with Disabilities Education Act (IDEA) (20 U.S.C. § 1431 et seq.) and are designed to meet the developmental needs of each child and the needs of the family, to enhance the child's development.

This change, effective October 1, 2009, enhances the way funding for EI Services is provided and will reduce the overall cost of Virginia's state funding for EI services. It will also ensure that the federal Early Intervention Part C funds are used in accordance with federal policy requirements. The Infant & Toddler Connection, of the Office of Child and Family Services at DBHDS, determines consumer eligibility and EI provider certification.

The new EI Program is designed for infants and toddlers, birth to three (3) years old, who have a 25% or more developmental delay. Supports and services will be provided in natural environments for the child and family, such as the home and community settings, and will focus on physical development; cognitive development; communication development; social or emotional development; and adaptive development.

If you are currently providing early intervention services, there are steps you must take to ensure that you can continue to provide services after October 1st. Please review Chapter II of the DMAS Early Intervention Manual to determine what you need to do to be able to continue providing services. This information can be found at <http://www.dmas.virginia.gov/eis-home.htm> and additional early intervention information can be found at <http://www.infantva.org> or by calling the Infant and Toddler Connection at (804) 786-3710. ☎

Virginia Gold

Governor Timothy M. Kaine announced that the Virginia Department of Medical Assistance Services (DMAS), in collaboration with the Nursing Facility Quality Improvement Program Advisory Committee, will initiate a two-year grant program beginning September 1, 2009 called *Virginia Gold*. The purpose of the *Virginia Gold* project is to improve and expand the quality of care in Virginia's licensed nursing facilities. Funding for the *Virginia Gold* initiative comes from civil money penalties imposed and collected when nursing facilities are found to be out of compliance when surveyed by the Virginia Department of Health, Office of Licensure and Certification on behalf of the Centers for Medicare and Medicaid (CMS).

Five nursing facilities will receive funding of up to \$50,000 each to improve and expand the quality of care in their licensed nursing facility. Through the *Virginia Gold* project, each grantee addresses specific objectives with the goal of increasing the recruitment and retention of certified nursing assistants (CNAs) to enhance the quality and continuity of care for residents.

"Partnering with these nursing facilities to develop supportive work environments which may be replicated throughout the Commonwealth is an important investment in our long-term care systems and the persons that they serve."

The five grants awarded by the Department of Medical Assistance Services are:

➤ **Autumn Care** in Portsmouth, for profit member of the Virginia Health Care Association (VHCA) is a 108 bed skilled nursing and long term care facility, 75% Medicaid recipients, 55 certified nursing assistants (CNAs) out of 125 staff. Current turnover rate is 75% with the facility planning to reduce to 55% within the first year and to 35% within two years. Focus of the grant will be orientation, peer mentoring, supervisory coaching of staff. Autumn Care will partner with local health care practices to offer medical services that are affordable and accessible.

➤ **Birmingham Green** (Northern Virginia Health Center) in Manassas, is a nonprofit, member of VHCA and Virginia Association of Non-Profit Homes for the Aging (VANHA) and a 180 bed facility with 67 CNAs out of 309 staff, with 90% Medicaid recipients. Birmingham Green operates a nursing facility and assisted living facilities. Current turnover rate is 78% and they plan to reduce to 73% by end of first year. Focus of the grant is to improve training, preceptor mentoring, provide diversity training, enhance employee recognition and initiate a wellness program for CNAs.

➤ **Dogwood Village** in Orange County, a member of VANHA, is a 138 bed, has 54% Medicaid recipients, and has 83 CNAs out of 235 staff. Current turnover rate is 63% with plan to reduce to 33% by end of first year. Focus on peer mentoring, culture change, and team training. Dogwood Village will partner with local community colleges in design and delivery of training programs.

➤ **Francis Marion Manor** (Mountain States Health Alliance) in Marion is a for profit, member of VHCA, with 109 beds, and having 67% Medicaid recipients, and 39 CNAs out of 70 direct care staff. Current turnover rate is 65% with a goal to reduce to 55% by the end of the first year. Focus will be on leadership training and team building and education and recognition of CNA staff. Resident and Family Councils as well as the local Area Agency on Aging have formed a "Go For Gold" team.

➤ **Trinity Mission** (Covenant Dove LLC), Charlottesville a for profit, member of VHCA, is a 180 bed skilled nursing and rehabilitation facility, with 70% Medicaid recipients, and 99 CNAs out of 219 staff. Current turnover rate is 85% with plan to reduce by 25% in the first year. Focus on a CNA Retention Team, expansion of staff recognition, enhancement of mentorship for CNAs. Community partnerships include the Alzheimer Association Chapter, the Voices Institute sponsored by the Direct Care Alliance and the Pressure Ulcer Alliance.

To learn more about the *Virginia Gold* project and other activities related to long-term care services, call the Division of Long-Term Care at 804-225-4222 or visit the web site at

<http://www.dmas.virginia.gov/ltc-home.htm> ☎

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electronically, send your request
via e-mail to
Communique@dmass.virginia.gov.
Type the word "subscribe" in the
subject line. ☎*

Department of Medical Assistance Services

www.dmass.virginia.gov

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